



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
INTOX DMT MAINTENANCE REPORT

REPORT #1

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

RECEIVED

By Carol Day at 1:51 pm, Mar 27, 2015

INTOX DMT SN 500091	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 03/17/2015
LOCATION OF INSTRUMENT (STREET AND CITY) SOUTHWEST TRFWY AND 39TH ST		TIME OF INSPECTION 21:56:12

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

☒ DIAGNOSTIC RECORD

DATE AND TIME 03/17/2015 21:56:14

☒ DETECTOR

☒ PROGRAM

☒ FILTER 1

☒ SAMPLE CHAMBER 48.9°C

☒ FILTER 2

☒ BREATH TUBE 44.4°C

☒ FILTER 3

☒ PUMP

☒ INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

☐ SIMULATOR STANDARD

☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER ILMO

LOT # 17513080A1

EXP. DATE 07/01/2015

☐ SIMULATOR TEMP (34°C ± 0.2°C) _____

SIMULATOR SN _____

SIMULATOR EXP DATE _____

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used.

☐ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☒ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE

☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.077

TEST 2: 0.077

TEST 3: 0.077

☒ PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0

0-.04: 0

.05-.09: 0

.10-.14: 0

.15-.19: 0

OVER .19: 0

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

INSPECTING OFFICER

SIGNATURE

Robert V McCormick

PRINT FULL NAME

ROBERT V MCCORMICK

TYPE II PERMIT NUMBER

341838

EXPIRATION DATE

05/05/2016

TELEPHONE NUMBER

816-622-0800

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services
Southeast District Office
2875 James Blvd, Poplar Bluff, MO 63901



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 62651-0790
217-245-2183 • Fax: 217-243-7634 • www.ilmoproducts.com

Certificate of Analysis

Certificate ID: 5178
Part #: BAC105L080T
Cylinder Size: 105L
Lot Number: 17513080A1
Expiration: 7/1/2015

0.080 BAC (For use with breath alcohol testing instruments)

Contents: 105 Liters @ 1000 psig 70°F (21°C)

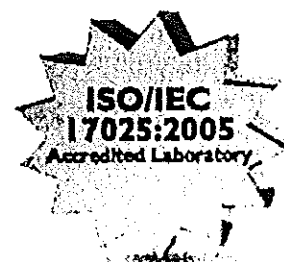
Component:	Concentration:	Accuracy:	Method:
Ethanol	208.4 ppm	+/- 0.002 or 2%	NDIR
Nitrogen	Balance	BAC whichever is greater	

*NIST Standard Reference Material
Cylinder No. CCI57791 / Job No. 13029
Certified 184.3 µmol/mol Ethanol in Nitrogen
for ILMO Products Co., Jacksonville, IL


Specialty Gas Lab Tech

07/10/13
Date

Distributed by: CMI Inc.
316 East Ninth Street
Owensboro, KY 42303
Phone 866-835-0690
www.alcoholtest.com



ISO/IEC 17025:2005 Accredited Laboratory



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT
TYPE II

ROBERT V MCCORMICK

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOX DMT


for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 3/11/2014

NUMBER 240101



EXPIRES 3/11/2016

MO 560-0771 (6-10)


DIRECTOR OF STATE PUBLIC HEALTH LABORATORY


,acting director
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LA0-4 (R6-10)

	STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM
INSTRUMENT OPERATOR CARD	
<small>The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.</small>	
	
Operator MCCORMICK, ROBERT	
Permit No 240101	
Date Issued 3/11/2014 Date Expires 3/11/2016	